



MARICOPA COUNTY
COMMITTEE
STATEMENT OF ORGANIZATION

MARICOPA COUNTY

MAY 19 2023

ELECTIONS DEPT.

COMMITTEE ID# ☐ Initial Registration ☒ Amended Registration

1002208

TYPE OF POLITICAL COMMITTEE (choose one):

DATE:

☒ Candidate

☐ Political Party

(attach proof of qualification pursuant to ARS 16-802, 16-804 or 16-823)

☐ Political Action Committee (PAC)

☐ County Party

☐ Leg Dist Party

COMMITTEE NAME (required) If sponsored, must include sponsor's name

GALVIN FOR MARICOPA COUNTY

RESIDENCE ADDRESS (Number and Street)

4816 E WELDON AVE

CITY

PHOENIX

STATE

AZ

ZIP

85018

MAILING ADDRESS (If Different from Residence Address)

4400 N SCOTTSDALE ROAD STE 9-108

CITY

SCOTTSDALE

STATE

AZ

ZIP

85251

COMMITTEE PHONE # (required)

480-240-5651

COMMITTEE EMAIL ADDRESS (required)

GALVINAZ@YAHOO.COM

COMMITTEE WEBSITE (if any)

GALVINAZ.COM

ELECTION CYCLE (year the election will
take place)

2024

CANDIDATE INFORMATION

CANDIDATE NAME:

THOMAS GALVIN

PARTY AFFILIATION:

REPUBLICAN

OFFICE SOUGHT: (Including District)

MARICOPA COUNTY BOARD OF SUPERVISORS, DISTRICT 2

RESIDENCE ADDRESS (Number and Street)

4816 E WELDON AVE

CITY

PHOENIX

STATE

AZ

ZIP

85018

POLITICAL ACTION COMMITTEE INFORMATION

POLITICAL FUNCTION (select any that apply)

☐ Contributions

☐ Recall Expenditures

☐ Candidate Related Independent Expenditures

☐ Ballot Measure Expenditures

SPECIAL STATUS (if applicable)

☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union

☐ Standing Committee (provide copy of AZSOS registration)

☐ Mega PAC (provide copy of AZSOS registration)

SPONSORSHIP INFORMATION (if applicable)

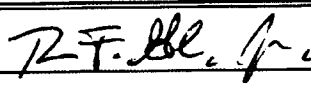
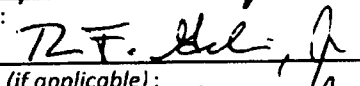
NAME OR NICKNAME

PHONE NUMBER

MAILING ADDRESS

EMAIL ADDRESS

WEBSITE (if any)

BANK ACCOUNT INFORMATION (BANK NAME)				
1. Notre Dame Fdrl Credit Union		2.		3.
COMMITTEE OFFICER INFORMATION:				
CHAIRPERSON (First Name) THOMAS		(Last Name) GALVIN		
RESIDENCE ADDRESS (Number and Street) 4816 E WELDON AVE		CITY PHOENIX	STATE AZ	ZIP 85018
MAILING ADDRESS (If Different from Residence Address) 4400 N SCOTTSDALE ROAD STE 9-108		CITY SCOTTSDALE	STATE AZ	ZIP 85251
CHAIRMAN PHONE # 480-240-5651		CHAIRMAN EMAIL ADDRESS GALVINAZ@YAHOO.COM		
CHAIRMAN OCCUPATION ATTORNEY		CHAIRMAN EMPLOYER		
TREASURER (First Name) THOMAS		(Last Name) GALVIN		
RESIDENCE ADDRESS (Number and Street) 4816 E WELDON AVE		CITY PHOENIX	STATE AZ	ZIP 85018
MAILING ADDRESS (If Different from Residence Address) 4400 N SCOTTSDALE ROAD STE 9-108		CITY SCOTTSDALE	STATE AZ	ZIP 85251
TREASURER TELEPHONE # 480-240-5651		TREASURER EMAIL ADDRESS GALVINAZ@YAHOO.COM		
TREASURER OCCUPATION ATTORNEY		TREASURER EMPLOYER		
DECLARATION AND SIGNATURES:				
<p>I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.</p>				
DATE: MAY 18, 2023	CHAIRMAN'S SIGNATURE: 			
DATE: MAY 18, 2023	TREASURER'S SIGNATURE: 			
DATE: MAY 18, 2023	CANDIDATE'S SIGNATURE (if applicable): 